

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Fraternity &amp; Sorority Political Action Committee

ADDRESS (number and street)

PO Box 3435

☐ Check if different than previously reported. (ACC)

Alexandria

VA

22302

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00410068

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☒ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Margee Clancy

Signature of Treasurer

Margee Clancy

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Fraternity &amp; Sorority Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y  
 09 / 01 / 2014

To:

 M M / D D / Y Y Y Y  
 09 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		125443.02
(b) Cash on Hand at Beginning of Reporting Period.....	162635.41	
(c) Total Receipts (from Line 19) .....	1965.00	241009.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	164600.41	366452.02
7. Total Disbursements (from Line 31) .....	22588.86	224440.47
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	142011.55	142011.55
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Fraternity &amp; Sorority Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 09 01 2014

To:

 M M / D D / Y Y Y Y Y  
 09 30 2014
**I. Receipts**
**COLUMN A**  
 Total This Period

**COLUMN B**  
 Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

1340.00

171800.00

(ii) Unitemized .....

625.00

33669.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

1965.00

205469.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

140.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

1965.00

205609.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

35400.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

1965.00

241009.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

1965.00

241009.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	6965.86	99670.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	6965.86	99670.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15500.00	113000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	250.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	250.00
29. Other Disbursements .....	123.00	11519.96
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	22588.86	224440.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22588.86	224440.47

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1965.00	205609.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1965.00	205359.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	6965.86	99670.51
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	6965.86	99670.51

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 16

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Fraternity & Sorority Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. Richard Ernest**

Mailing Address 1800 Amberley Ct.  
Apt.310

City State Zip Code  
Lake Forest IL 60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Crown Metal Manufacturing Co.

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 02 / 2014

**Transaction ID : SA11AI.17637**

Amount of Each Receipt this Period

100.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Ms. Sarah M. Grant**

Mailing Address 1030 Homestead Avenue

City State Zip Code  
Walnut Creek CA 94598

FEC ID number of contributing  
federal political committee.

C

Name of Employer

John Muir Health

Occupation

Hospital Fundraiser

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 22 / 2014

**Transaction ID : SA11AI.17644**

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Sam Leake**

Mailing Address 20 Forest Hills Drive

City State Zip Code  
Wilmington DE 28403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Petroleum Product Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 02 / 2014

**Transaction ID : SA11AI.17636**

Amount of Each Receipt this Period

250.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 16

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Fraternity & Sorority Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael Morris**

Mailing Address 1430 Wilford Drive

City State Zip Code  
 Atlanta GA 30319

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Unemployed

Unemployed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 13 / 2014

**Transaction ID : SA11Al.17643**

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Claudia M. Nemir**

Mailing Address 1566 Ramona Way

City State Zip Code  
 Alamo CA 94507

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

740.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 02 / 2014

**Transaction ID : SA11Al.17634**

Amount of Each Receipt this Period

240.00

Contribution

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

740.00

1340.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## Fraternity & Sorority Political Action Committee

Category/  
Type

97.93

State:  District:

MM / DD / YYYY

Category/  
Type

669.45

State:  District:

Category/  
Type

14.57

State:  District:

781.95



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 16

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Fraternity & Sorority Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Pennington & Co.**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	9				2	8						2	0	1	4

Mailing Address 501 Gateway Drive  
Suite A

City Lawrence State KS Zip Code 66049-2342

Purpose of Disbursement  
Gen. Fundraising, Printing, Production, Shipping, Donor Contact, Non-  
Candidate  
Candidate NameCategory/  
Type**Transaction ID : SB21B.17653**

Amount of Each Disbursement this Period

156.46

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. Squire Patton Boggs (US) LLP**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	9				2	8						2	0	1	4

Mailing Address 2550 M Street, NW

City Washington State DC Zip Code 20037

Purpose of Disbursement  
Legal Services

Candidate Name

Category/  
Type**Transaction ID : SB21B.17654**

Amount of Each Disbursement this Period

5472.00

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. The Rap Index, Inc.**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	9				0	3						2	0	1	4

Mailing Address 244 Adley Way

City Greenville State SC Zip Code 29607

Purpose of Disbursement  
Advocacy Software, non-candidate

Candidate Name

Category/  
Type**Transaction ID : SB21B.17648**

Amount of Each Disbursement this Period

500.00

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6128.46

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 16

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**Fraternity & Sorority Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Upside Solutions, LLC**

Mailing Address 10362 Mohawk Trail

City Indianapolis State IN Zip Code 46234

Purpose of Disbursement  
Website Hosting and Development

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 04 / 2014

**Transaction ID : SB21B.17652**

Amount of Each Disbursement this Period

47.50

## **B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

## **C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

47.50

6957.91

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Fraternity & Sorority Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. BOB GOODLATTE FOR CONGRESS COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	28	/	2014

Mailing Address P.O. Box 292

City	State	Zip Code
Roanoke	VA	24002

**Transaction ID : SB23.17658**Purpose of Disbursement  
Contribution

Candidate Name

**ROBERT W. GOODLATTE**Category/  
Type

Amount of Each Disbursement this Period

2000.00
---------

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: VA District: 06

Full Name (Last, First, Middle Initial)

**B. DEVIN NUNES CAMPAIGN COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	28	/	2014

Mailing Address PO BOX 6545

City	State	Zip Code
VISALIA	CA	93290

**Transaction ID : SB23.17662**Purpose of Disbursement  
Contribution

Candidate Name

**DEVIN G NUNES**Category/  
Type

Amount of Each Disbursement this Period

1000.00
---------

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CA District: 22

Full Name (Last, First, Middle Initial)

**C. ENGEL FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	28	/	2014

Mailing Address 462 CALIFORNIA ROAD

City	State	Zip Code
BRONXVILLE	NY	10708

**Transaction ID : SB23.17656**Purpose of Disbursement  
Contribution

Candidate Name

**ELIOT L. ENGEL**Category/  
Type

Amount of Each Disbursement this Period

1000.00
---------

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NY District: 16

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Fraternity & Sorority Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF JOE HECK**

Mailing Address PO BOX 750114

City	State	Zip Code
LAS VEGAS	NV	89136

Purpose of Disbursement  
Contribution

Candidate Name

**JOE HECK**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NV District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	28	/	2014

**Transaction ID : SB23.17659**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. GUTHRIE FOR CONGRESS**

Mailing Address PO BOX 9639

City	State	Zip Code
BOWLING GREEN	KY	42102

Purpose of Disbursement  
Contribution

Candidate Name

**S. BRETT GUTHRIE**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: KY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	28	/	2014

**Transaction ID : SB23.17677**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. JOE WILSON FOR CONGRESS COMMITTEE**

Mailing Address PO Box 2145

City	State	Zip Code
West Columbia	SC	29171

Purpose of Disbursement  
Contribution

Candidate Name

**ADDISON (JOE) GRAVES WILSON**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: SC District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	28	/	2014

**Transaction ID : SB23.17674**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Fraternity & Sorority Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. MICA FOR CONGRESS**

Mailing Address P. O. Box 181546

City	State	Zip Code
Casselberry	FL	32718

Purpose of Disbursement  
Contribution

Candidate Name

**JOHN L. MICA**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		28		2014

**Transaction ID : SB23.17661**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. NUNNELEE FOR CONGRESS**Mailing Address 438 EAST MAIN ST  
PO BOX 7092

City	State	Zip Code
TUPELO	MS	38802

Purpose of Disbursement  
Contribution

Candidate Name

**PATRICK ALAN NUNNELEE**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MS District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		28		2014

**Transaction ID : SB23.17663**

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

**C. PAT MEEHAN FOR CONGRESS**

Mailing Address 50 S. PROVIDENCE ROAD

City	State	Zip Code
MEDIA	PA	19063

Purpose of Disbursement  
Contribtuion

Candidate Name

**PATRICK L MEEHAN JR**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		28		2014

**Transaction ID : SB23.17660**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Fraternity & Sorority Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. PAT ROBERTS FOR US SENATE INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		28		2014

Mailing Address PO BOX 433

City	State	Zip Code
GREAT BEND	KS	67530

**Transaction ID : SB23.17680**Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

**PAT ROBERTS**Category/  
Type

500.00
--------

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2014

☐ Primary  
☒ General  
☐ Other (specify) ▼

State: KS District: 00

Full Name (Last, First, Middle Initial)

**B. ROBERT ADERHOLT FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		28		2014

Mailing Address PO Box 1158

City	State	Zip Code
Haleyville	AL	35565

**Transaction ID : SB23.17657**Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

**ROBERT B ADERHOLT**Category/  
Type

1000.00
---------

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary  
☒ General  
☐ Other (specify) ▼

State: AL District: 04

Full Name (Last, First, Middle Initial)

**C. ROGER WILLIAMS FOR U S CONGRESS COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		28		2014

Mailing Address P.O. BOX 91061

City	State	Zip Code
AUSTIN	TX	78709

**Transaction ID : SB23.17671**Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

**ROGER WILLIAMS**Category/  
Type

1000.00
---------

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary  
☒ General  
☐ Other (specify) ▼

State: TX District: 25

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Fraternity & Sorority Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. SCHOCK FOR CONGRESS**

Mailing Address PO BOX 10555

City	State	Zip Code
PEORIA	IL	61612

Purpose of Disbursement  
Contribution

Candidate Name

**AARON Jon SCHOCK**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IL District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		28		2014

**Transaction ID : SB23.17668**

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

**B. TOM REED FOR CONGRESS**

Mailing Address PO BOX 10847

City	State	Zip Code
ROCHESTER	NY	14610

Purpose of Disbursement  
Contribution

Candidate Name

**THOMAS W. REED II**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NY District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		28		2014

**Transaction ID : SB23.17665**

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

**C. TOM ROONEY FOR CONGRESS**

Mailing Address 1133 BAL HARBOR BLVD. 1139 #186

City	State	Zip Code
PUNTA GORDA	FL	33950

Purpose of Disbursement  
Contribution

Candidate Name

**TOM ROONEY**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: FL District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		28		2014

**Transaction ID : SB23.17667**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
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15500.00
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	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

## Fraternity & Sorority Political Action Committee

33.00

123.00